Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

NATIONAL GUIDELINE CLEARINGHOUSE

General

Guideline Title

Management of cat and dog bites.

Bibliographic Source(s)

University of Texas, School of Nursing Family Nurse Practitioner Program. Management of cat and dog bite wounds. Austin (TX): University of Texas, School of Nursing; 2013 May. 31 p. [19 references]

Guideline Status

This is the current release of the guideline.

Regulatory Alert

FDA Warning/Regulatory Alert

Note from the National Guideline Clearinghouse: This guideline references a drug(s) for which important revised regulatory and/or warning information has been released.

- May 12, 2016 – Fluoroquinolone Antibacterial Drugs : The U.S. Food and Drug Administration (FDA) is advising that the serious side effects associated with fluoroquinolone antibacterial drugs generally outweigh the benefits for patients with sinusitis, bronchitis, and uncomplicated urinary tract infections who have other treatment options. For patients with these conditions, fluoroquinolones should be reserved for those who do not have alternative treatment options.
- March 22, 2016 – Opioid pain medicines : The U.S. Food and Drug Administration (FDA) is warning about several safety issues with the entire class of opioid pain medicines. These safety risks are potentially harmful interactions with numerous other medications, problems with the adrenal glands, and decreased sex hormone levels. They are requiring changes to the labels of all opioid drugs to warn about these risks.

Recommendations

Major Recommendations

Strength of recommendations (A, B, C, D, I-statement) and quality of evidence (High, Moderate, Low) are defined at the end of the "Major Recommendations" field.

Diagnostic Assessment

Subjective Assessment Including History and Symptoms

- Time and location of event
- Type of animal and its status (i.e., breed, health, rabies vaccination history, behavior, whereabouts)
- Circumstances surrounding the bite (i.e., provoked or defensive bite versus unprovoked bite)
- Location of bites (most commonly on the upper extremities and face), and severity of the bites
- Any pre-hospital treatments including wound irrigation. Early wound irrigation decreases the risk of rabies infection.
- Review the patient's medical history. Assess if the patient is in an immune-compromised state, or has a history of splenectomy, peripheral vascular disease, liver or kidney disease, or diabetes. Also review tetanus vaccination history, current medications including supplements, vitamins, recent steroid or anticoagulant use, and allergies.

(Evidence Moderate, Recommendation B)

(Garth, 2012; Neumann, 2009; Rizzo, Lefner, & Gerardi, 2008; Kwo, Agarwal, & Meletiou, 2011; Oehler et al., 2009; Wile, "Ask," 2011)

Objective Assessment/Physical Examination

- Obtain vital signs including pain assessment.
- Have the patient change into a gown for a full body assessment of wounds.
- Determine if a tourniquet was used and is still in place.
- Measure and classify the wound as puncture, laceration, crushing, or avulsion.
- Inspect for foreign body presence.
- Note the amount of devitalized tissue.
- Assess range of motion, nerve function, and vascular supply at the site and distal to the site.
- Evaluation of the wound includes noting the presence of associated symptoms such as fever, chills, body aches, nausea, vomiting, local erythema, edema, tenderness, wound exudates, foul odor, and lymphadenopathy.
- Assess for penetration of the joint space, tendons, or bone.
- Document the findings with photographs (with the patient's permission) or a hand-drawn wound diagram.

(Evidence Moderate, Recommendation B)

(Neumann, 2009; Rice, 2010; Rizzo, Lefner, & Gerardi, 2008; Wile, "Ask," 2011; Wile, "ED," 2011)

Diagnostic Tests

- Obtain a plain radiograph if there is bone or joint involvement, or if foreign body presence is suspected.
- Doppler ultrasound may be required to diagnose vascular injury.
- If the wound is greater than 8 hours and/or infection is suspected, wound swabs should be obtained for Gram stain and aerobic and anaerobic cultures. (Evidence Moderate, Recommendation B)
- If systemic infection is suspected, obtain a complete blood count (CBC), C-reactive protein, erythrocyte sedimentation rate, and blood cultures. (Evidence Moderate, Recommendation C)
- Pediatric injuries to the head or face should be examined with plain radiograph films or a computed tomography (CT) scan. (Evidence Moderate, Recommendation B)

(Kwo, Agarwal, & Meletiou, 2011; Oehler, et al., 2009; Rizzo, Lefner, & Gerardi, 2008; Garth, 2012; Rice, 2010; Neumann, 2009)

Treatment/Management

Non-pharmacological

- Immobilize and elevate affected area.
- Minor wounds should be cleansed with soap and water in clinic if not already performed by patient.
- Irrigation or debridement may require local anesthetization. This should be done with 1% lidocaine injected into intact skin surrounding the wound.
- Irrigation with normal saline solution at 100 to 200 ml per inch of wound. A 19-gauge blunt needle on a 35 ml syringe should provide enough pressure to cleanse most bite wounds. (Evidence Moderate, Recommendation B)
- Debridement should be done for foreign body presence, visualized particulate matter, devitalized, and necrotic tissue. Puncture wounds

should not be debrided.
- Do not suture: wounds showing signs of infection, puncture wounds, wounds older than 8 hours. (Evidence Moderate, Recommendation B)

(Goroll & Mulley, 2009; Neumann, 2009; Rizzo, Lefner, & Gerardi; 2008, Garth, 2012)

Pharmacological

Antibiotic

- Wounds sustained from cat or dog bites tend to be polymicrobial, with a median of 5 bacteria in a culture. Some of the common pathogens in cat bites include *Streptococcus* (including *S. pyogenes*), *Staphylococcus* (including methicillin-resistant *S. aureus* or MRSA), *Fusobacterium*, *Bacteroides*, *Porphyromonas*, *Moraxella*, and *Pasteurella multocida*. Commonly found pathogens in canine bite wounds include *P. canis*, *Streptococcus*, *Staphylococcus*, *Fusobacterium*, *Bacteroides*, and *Capnocytophaga canimorsus*.
- Cat bite wounds should be treated with prophylactic antibiotics as 20% to 80% of all cat bites will become infected. *P. multocida* is the most common bacteria cultured from cat bite wounds. (Evidence High, Recommendation A)
- Only 3% to 18% of dog bite wounds will become infected. Therefore, prophylactic antibiotic management is not indicated for all dog bite wounds. It is not cost effective to treat dog bite wounds with an infection rate of less than 3%. Only wounds with greater than 5% risk of infection should be treated with antibiotics. This includes the following circumstances:
    - Evidence of infection in wound
    - Crush injuries
    - Hand injuries
    - Feet injuries
    - Facial injuries
    - Genital injuries
    - Puncture wounds
    - Wounds with bone and joint involvement
    - Patients with comorbid factors, such as immunosuppression, diabetes, artificial heart valve, and asplenism

  (Evidence High, Recommendation A)

- First-line antibiotic treatment of choice for either dog or cat bite wounds is the beta-lactam antibiotic amoxicillin-clavulanic acid, which provides coverage against *P. multocida*, *C. canimorsus*, some anaerobes, Bacteroides, *Fusobacterium*, and *S. aureus*. The oral dose of amoxicillin-clavulanic acid is 875 mg/125 mg twice a day or 500 mg/125 mg 3 times a day for adults; children should receive 25 mg/kg (based on the amoxicillin component) every 12 hours. (Evidence Moderate, Recommendation B)
- If the patient is unable to take oral antibiotics, ampicillin-sulbactam might be given intravenously. (Evidence Moderate, Recommendation C)
- Doxycycline with or without metronidazole, tetracycline, or ciprofloxacin are all suitable alternatives to cover these organisms in penicillin-allergic patients.
- Alternatives include clindamycin with a fluoroquinolone, or clindamycin plus trimethoprim–sulfamethoxazole (co-trimoxazole) in children.
- Some instances of penicillin-resistant pasteurella have been reported. In this case, second generation, third generation and extended spectrum third generation cephalosporins (e.g., ceftriaxone, cefuroxime, and cefpodoxime) are acceptable options. (Evidence Moderate, Recommendation C)
- If MRSA is suspected, first-line antibiotics include trimethoprim-sulfamethoxazole, doxycycline, minocycline, and clindamycin.
    - Length of treatment depends on whether the wound is superficial or involves bone or joint. Prophylactic treatment should be carried out over 5 days. Superficial wounds require 10 to 14 days of treatment. Bone or joint involvement requires up to 6 weeks of intravenous antibiotics. (Evidence Moderate, Recommendation B)

(Kwo, Agarwal, & Meletiou, 2011; Oehler et al., 2009; Medeiros & Saconato, 2008; Rizzo, Lefner, & Gerardi, 2008; Garth, 2012; Neumann, 2009; Sabhaney & Goldman, 2012; Quinn et al., 2010; Freshwater, 2008; Medeiros & Saconato, 2008)

Immunization

- Administer tetanus booster (tetanus, diphtheria [Td] or tetanus, diphtheria, acellular pertussis [TDaP]) (if none given in past 3 years) or initiate primary series in non-vaccinated individuals, or if vaccination status is unknown. (Evidence Moderate, Recommendation B)
- The rabies post-exposure prophylaxis (PEP) guide deems if the causative animal is healthy and available for a 10-day observation period, PEP should not be initiated unless the animal begins to develop clinical signs of rabies. If the offending animal is suspected to be rabid, is unknown, or has escaped, PEP should be initiated immediately. (Evidence Moderate, Recommendation B)
- The PEP guidelines are:
    - Human rabies immunoglobulin (HRIG) is administered as 1 dose on the first day of PEP treatment (day 0). The dose is 20 IU/kg, and

if feasible, the full dose of RabIg should be thoroughly infiltrated in the area around and into the exposed wound. If HRIG is not immediately available, it may be given up to day 7 of treatment. The 2 rabies vaccines currently available in the United States are the human diploid cell vaccine (HDCV) and the purified chick embryo cell vaccine (PCECV). Five doses (1 mL each) of either HDCV or PCECV vaccine should be administered on days 0, 3, 7, 14, and 28. The first dose should be administered as soon as possible after exposure. It should be given intramuscularly into the deltoid muscle of adults. In children, it should be administered into either the deltoid muscle or the anterolateral aspect of the thigh. (Evidence Moderate, Recommendation B)

(Rizzo, Lefner, & Gerardi, 2008; Garth, 2012; Grill, 2009; Merlin, 2011; Kretsinger et al., 2006; Manning et al., 2008)

Pain Management

- Most patients will achieve effective pain management with over-the-counter (OTC) analgesics.
- If a patient requires more intense pain control, acetaminophen with codeine every 4 to 6 hours for 24 hours is indicated. (Evidence Moderate, Recommendation B)

(Rizzo, Lefner, & Gerardi, 2008)

Referral

- In the case of bites to the hand, orthopedic specialist involvement is important.
- A plastic surgeon should be consulted in the case of most head and neck bites, as well as with extensive wounds, tissue loss, or wounds involving complex structures.
- Neurosurgical consultation might be indicated in skull penetration and in children with possible cranial injury.
- Refer to a surgeon when tendons or bones are damaged, or if a compartment injury exists.
- Hospitalization indications include fever, sepsis, spreading cellulitis, substantial edema or crush injury, loss of function, immune-compromised status, or noncompliance.
- Consultation with local public-health authorities should be strongly considered for any serious domestic pet bite, particularly in the case of a stray animal, if the attack was unprovoked, if the pet cannot be apprehended, or if the pet's rabies vaccine status is unknown. (Evidence Moderate, Recommendation B)
- Nearly all cities require an animal bite to be reported to Animal Protection or Animal Control services. All states have "Dog Bite Laws", which outline liability and compensation related to domestic dog bites. Counsel and advise patients of reporting requirements, procedures, and laws in your respective city and state.

(Neumann, 2009; Garth, 2012; Oehler et al., 2009)

Monitoring and Follow-Up

- Thorough patient education must include information about signs and symptoms of infection and when to contact a provider: increased swelling or pain, changes in wound drainage, or fever. The patient should return in 24-48 hours for follow-up evaluation. (Evidence Moderate, Recommendation B)
- Education should also include bite prevention recommendations such as avoiding animals while they are eating, approaching unknown animals with caution, avoiding direct eye contact (dogs) and avoiding rough play. Any breed of cat or dog may bite.

(Neumann, 2009; Garth, 2012)

Patient and Family Education

- Explain symptoms to look out for after discharge including sign of local or systemic infection, septic arthritis, or osteomyelitis. Penetration of a joint space can result in septic arthritis, penetration of a bone can result in osteomyelitis. Educate on symptoms of infection including localized or spreading redness, pain, heat at the site, swelling, purulent drainage, foul odor, regional or systemic lymphadenopathy, fever, malaise, headache. Advise to return to clinic or emergency room (ER) immediately if he or she experiences these symptoms.
- Stress the importance of finding out if the animal has received a rabies vaccine.
- Educate that the overall infection rate for dog bites is between 3% and 18%, compared to cat bites with an infection rate of 20% to 80%, and that this is due to the difference in the type of wound inflicted by each species. Dogs produce a more crushing type injury, while cat bites produce more puncture type injuries which introduce the bacteria further into the wound. Bite wounds contain aerobic and anaerobic bacteria found both in the biting animal's mouth and on the skin of the victim, making antibiotic selection difficult.
- Establish treatment goals with the patient including preventing infection or treating existing infection, reducing scarring, treating pain, preventing tetanus and rabies infections, and reducing psychological trauma. (Evidence High, Recommendation A)

(Neumann, 2009; Rice, 2010; Wile, "Ask," 2011; Jaindl et al., 2012)

Definitions:

Level of Certainty Regarding Net Benefit (Based on the U.S. Preventive Services Task Force [USPSTF] Ratings)

High: The available evidence usually includes consistent results from well-designed, well-conducted studies in representative primary care populations. These studies assess the effects of the preventive service on health outcomes. This conclusion is therefore unlikely to be strongly affected by the results of future studies.

Moderate: The available evidence is sufficient to determine the effects of the preventive service on health outcomes, but confidence in the estimate is constrained by such factors as:

- The number, size, or quality of individual studies
- Inconsistency of findings across individual studies
- Limited generalizability of findings to routine primary care practice
- Lack of coherence in the chain of evidence

As more information becomes available, the magnitude or direction of the observed effect could change, and this change may be large enough to alter the conclusion.

Low: The available evidence is insufficient to assess effects on health outcomes. Evidence is insufficient because of:

- The limited number or size of studies
- Important flaws in study design or methods
- Inconsistency of findings across individual studies
- Gaps in the chain of evidence
- Findings not generalizable to routine primary care practice
- Lack of information on important health outcomes

More information may allow estimation of effects on health outcomes.

Grading of Recommendations (Based on the USPSTF Ratings)

A. The USPSTF recommends the service. There is high certainty that the net benefit is substantial.

B. The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.

C. The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.

D. The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.

I-statement. The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.

Clinical Algorithm(s)

None provided

Scope

Disease/Condition(s)

Cat and dog bite wounds

Guideline Category

Diagnosis

Evaluation

Management

Treatment

Clinical Specialty

Dermatology

Family Practice

Infectious Diseases

Internal Medicine

Pediatrics

Intended Users

Advanced Practice Nurses

Emergency Medical Technicians/Paramedics

Nurses

Physician Assistants

Physicians

Guideline Objective(s)

To provide recommendations for the management of cat and dog bite wounds in the primary care or acute care setting to practitioners of the general population

Target Population

All patients who present with a cat or dog bite wound to a healthcare setting

Interventions and Practices Considered

Diagnosis

1. Subjective assessment:
    - Event history
    - Location of bites
    - Pre-hospital treatment
    - Review of patient history
2. Objective assessment:
    - Vital signs
    - Pain assessment
    - Measurement and classification of wound

- Presence of foreign bodies
- Range of motion
- Nerve function
- Vascular supply at site and distal to site
- Evaluation of wound, including symptoms that may indicate infection

3. Diagnostic tests and imaging:
    - Plain radiographs
    - Doppler ultrasound
    - Gram stain
    - Complete blood count (CBC)
    - C-reactive protein
    - Erythrocyte sedimentation rate
    - Blood cultures
    - Computed tomography (CT) scan

Management

1. Immobilization and elevation of wound
2. Cleansing the wound, either with soap and water or by irrigation
3. Debridement
4. Prophylactic antibiotic therapy:
    - Amoxicillin-clavulanic acid
    - Ampicillin-sulbactam
    - Doxycycline with or without metronidazole, tetracycline, or ciprofloxacin
    - Clindamycin with a fluoroquinolone or clindamycin + trimethoprim-sulfamethoxazole
    - Third-generation cephalosporins (ceftriaxone, cefuroxime, cefpodoxime)
5. Tetanus vaccination
6. Rabies vaccination if the animal is unknown or suspected to be rabid
7. Over-the-counter (OTC) analgesics
8. Acetaminophen with codeine
9. Referrals to specialists (orthopedist, plastic surgery, neurosurgery)
10. Consultation with local authorities

Major Outcomes Considered

- Risk of infection
- Risk of cosmetic deformity
- Restoration of function
- Healing time
- Treatment time
- Response time
- Pain control
- Prevention of sequelae

Methodology

Methods Used to Collect/Select the Evidence

Hand-searches of Published Literature (Primary Sources)

Searches of Electronic Databases

Description of Methods Used to Collect/Select the Evidence

Online searches were performed for February 2007 to April 2013 on the following databases: CINAHL, Cochrane Review, Medline, Medscape, PubMed, Up-To-Date (major key words: antibiotics for bites, animal bites, bite wounds, cat bites, dog bites, guidelines, management, medications for bites, treatment of bites).

Number of Source Documents

Not stated

Methods Used to Assess the Quality and Strength of the Evidence

Subjective Review

Weighting According to a Rating Scheme (Scheme Given)

Rating Scheme for the Strength of the Evidence

Level of Certainty Regarding Net Benefit (Based on the U.S. Preventive Services Task Force [USPSTF] Ratings)

High: The available evidence usually includes consistent results from well-designed, well-conducted studies in representative primary care populations. These studies assess the effects of the preventive service on health outcomes. This conclusion is therefore unlikely to be strongly affected by the results of future studies.

Moderate: The available evidence is sufficient to determine the effects of the preventive service on health outcomes, but confidence in the estimate is constrained by such factors as:

- The number, size, or quality of individual studies
- Inconsistency of findings across individual studies
- Limited generalizability of findings to routine primary care practice
- Lack of coherence in the chain of evidence

As more information becomes available, the magnitude or direction of the observed effect could change, and this change may be large enough to alter the conclusion.

Low: The available evidence is insufficient to assess effects on health outcomes. Evidence is insufficient because of:

- The limited number or size of studies
- Important flaws in study design or methods
- Inconsistency of findings across individual studies
- Gaps in the chain of evidence
- Findings not generalizable to routine primary care practice
- Lack of information on important health outcomes

More information may allow estimation of effects on health outcomes.

Methods Used to Analyze the Evidence

Review of Published Meta-Analyses

Systematic Review

Description of the Methods Used to Analyze the Evidence

Journal articles were reviewed for quality based on the study design, method, number of subjects, representative sample, generalizability of results,

and applicability for target population.

Methods Used to Formulate the Recommendations

Expert Consensus

Description of Methods Used to Formulate the Recommendations

Not stated

Rating Scheme for the Strength of the Recommendations

Grading of Recommendations (Based on the U.S. Preventive Services Task Force [USPSTF] Ratings)

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I-statement. The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.

Cost Analysis

The guideline developers reviewed a published cost analysis.

Method of Guideline Validation

External Peer Review

Internal Peer Review

Description of Method of Guideline Validation

The guideline was created by a group of family nurse practitioner students and submitted for review to the Family Nursing Practitioner (FNP) program faculty and expert reviewers. Before submitting to the guideline committee, revisions were made based on reviewer recommendations.

Evidence Supporting the Recommendations

References Supporting the Recommendations

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Type of Evidence Supporting the Recommendations

The type of supporting evidence is identified and graded for each recommendation (see the "Major Recommendations" field).

Benefits/Harms of Implementing the Guideline Recommendations

Potential Benefits

Appropriate management of patients with cat or dog bite wounds

Potential Harms

- Adverse effects of medications
- Risks of wound closure including scarring, infection, or disfigurement

Contraindications

Contraindications

- Antibiotics:
  - Amoxicillin/clavulanate: hypersensitivity to drug, class, or components; history of hepatic dysfunction, history of cholestatic jaundice, mononucleosis
  - Alternate regime of clindamycin plus either ciprofloxacin or trimethoprim/sulfamethoxazole or doxycycline: ulcerative colitis, history of antibiotic-associated colitis, anemia, folate deficiency, glucose-6-phosphate dehydrogenase (G6PD) deficiency, pregnancy (near term), breastfeeding, or age less than 8 years old
- Analgesia (ibuprofen or acetaminophen or acetaminophen with codeine): history of aspirin (acetylsalicylic acid [ASA])/non-steroidal anti-inflammatory drug (NSAID) induced asthma, urticaria, aspirin triad, third trimester pregnancy, respiratory depression, paralytic ileus, hypersensitivity to drug, class, or components
- Topical antibiotics (bacitracin): hypersensitivity to drug, class, or components
- Tetanus prophylaxis: poliomyelitis outbreak, hypersensitivity to drug, class, or component

Qualifying Statements

Qualifying Statements

These guidelines are to be used by medical professionals and are not intended for the outside population. These guidelines provide a general framework for managing patients with cat or dog bite wounds. Medical treatment decisions should be based on individual symptoms and treatment goals.

Implementation of the Guideline

Description of Implementation Strategy

An implementation strategy was not provided.

Institute of Medicine (IOM) National Healthcare Quality Report Categories

IOM Care Need

Getting Better

Staying Healthy

IOM Domain

Effectiveness

Patient-centeredness

Identifying Information and Availability

Bibliographic Source(s)

University of Texas, School of Nursing Family Nurse Practitioner Program. Management of cat and dog bite wounds. Austin (TX): University of Texas, School of Nursing; 2013 May. 31 p. [19 references]

Adaptation

Not applicable: The guideline was not adapted from another source.

Date Released

2013 May

Guideline Developer(s)

University of Texas at Austin School of Nursing, Family Nurse Practitioner Program - Academic Institution

Source(s) of Funding

University of Texas at Austin, School of Nursing, Family Nurse Practitioner Program

Guideline Committee

Practices Guidelines Committee

Composition of Group That Authored the Guideline

Authors: Natalie Germanio, RN, FNP-student; Carrie Hodges, RN, FNP-student; Gabrielle McCart, RN, FNP-student; DonnaLee Pollack, RN, FNP-student

Internal Reviewer: Fran Sonstein, MSN, FNP

Financial Disclosures/Conflicts of Interest

No relationship exists between the guideline developers and any for-profit and non-for-profit companies or organizations that could potentially influence the contribution to the guideline development.

Guideline Status

This is the current release of the guideline.

Guideline Availability

Electronic copies: None available.

Print copies: Available from the University of Texas at Austin, School of Nursing. 1700 Red River, Austin, Texas, 78701-1499, Attn: Nurse Practitioner Program.

Availability of Companion Documents

None available

Patient Resources

None available

NGC Status

This NGC summary was completed by ECRI Institute on September 23, 2013. This summary was updated by ECRI Institute on May 18, 2016 following the U.S. Food and Drug Administration advisory on Fluoroquinolone Antibacterial Drugs. This summary was updated by ECRI Institute on June 2, 2016 following the U.S. Food and Drug Administration advisory on Opioid pain medicines.

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